

# West Lafayette Police Citizens Academy Application

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please answer the following questions:

Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If yes please explain below.

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Upon acceptance a records check will be completed.

Return completed Application to:

West Lafayette Police  
Sgt. Cindy Marion  
711 West Navajo  
West Lafayette, IN 47906

If you have any questions please contact Sgt. Marion at (765) 775-5225 or email at [camarion@westlafayettepd.us](mailto:camarion@westlafayettepd.us)